## **Human Resources**

## **OVERVIEW OF OUR BENEFITS PACKAGE FOR REGULAR FULL-TIME EMPLOYEES**

	attracting and retain	_	ployees a generous be er of individuals to serv	
HOSI	PITALIZATION			
Туре:	Major Medical and	Preferred Provider (	Organization (PPO)	
Physi	cian Co-pay:			
PPO - I	Non-Specialist			
PPO - S	Specialist			
		- Co-pay is	\$20.00	per visit

- Co-pay is <b>\$40.00</b>	
Non-PPO	- 60% after deductible
Deductible:	
Individual	
Family	
- PPO - \$500.00 - Non PPO - \$1,000	per calendar year per calendar year
- PPO - <b>\$1,000</b> - Non-PPO - <b>\$2,000</b>	per calendar year per calendar year

- PPO - 80%

Out of Pocket Maximum Per Year:	
Individual	
Family	
- PPO - <b>\$2,500</b> - Non PPO - <b>\$5,000.00</b>	per calendar year per calendar year
- PPO - \$5,000 - Non-PPO - \$10,000	per calendar year per calendar year
Pre-Admission Testing Benefit:	
Individual	
Family	

- Non-PPO - 60%, afte	er deductible	
Hospitals:		
PPO: MedCost  website: or 1-800-824-	www.medcost.com <b>□</b> [ 7406	<u>l</u>
PPO - 80% Non-PPO - 6	0%	
Major Medical Limit: Dependent Coverage		
Employee Coverage		
\$303.97	per pay period	(County pays 100% of cost)

## Spouse Only [

□□\$101.15 per pay period (automatically deducted from employee paycheck)

Child Only

□□\$54.74 per pay period (automatically deducted from employee paycheck)

Children Only

□□\$98.77 per pay period (automatically deducted from employee paycheck)

**Family**

□□\$123.76 per pay period (automatically deducted from employee paycheck)

Eligibility Requirement for Regular Full-time Employees: First day of employment

Coverage for Newly Acquired Dependents:

□□ Spouse□□
Must complete application within 30 days of marriage
Child□
Must complete application within 30 days of birth, adoption, or custody of a foster child. For more infor
<b>Pre-certification:</b> Certification is required before inpatient stay in any hospital; in the event of an emergency, approval can be obtained within 24 hours of admission. The phone number that should be called is listed on the back of health care ID card.
<i>Open enrollment:</i> Is conducted December 1 - December 31 each calendar year for enrollment in optional healthcare programs.
PHARMACY
The cost is as follows, with no deductible:

**HR Overview of Benefits Package** 

□ □ □ Generic□	
<b>\$10</b> □	per prescription
☐ Preferred Brand☐	
\$35	per prescription
	Non-Preferred Brand
\$50	per prescription
DENTAL	
Deductible:	

000 Individual000				
\$50	per calendar year			
Family				
\$100	per calendar year			
Percentages:				
	Preventive and Diagnostic Treatment			
	90%	and	NO	deducti
Basic Services (fillings, root canals, etc.)				
	60%	after deductible		
	Major Services (crow	ns, dentures, etc.)		

50%	after deductible		
Annual Benefit: \$1,000			
Maximum Lifetime Benefit: Unlimited			
LIFE INSURANCE			
Life Amount:  2 x Basic Yearly Earnings			
**Selection for dependent coverage MUST be made <u>WITHIN</u> the first 31 days of employment			
Dependent Coverage Cost and Amount of Coverage: Full Family84 cents per pay period (every 2 weeks) with \$5,000 coverage on spouse and children up to 20 years of age or age 24 if a full-time student.			
Coverage for newly acquired dependents:			
□ □ □ <b>Spouse</b> □			

**HR Overview of Benefits Package** 

With 30 years of creditable service

Retirement System
g rate
y period (every 2 weeks)
reditable service

HR Overview of Benefits Package
Death Benefit: 11 Twelve months salary not to exceed \$20,000 (see Retirement Booklet for specific requirements)
LOCAL GOVERNMENT FEDERAL CREDIT UNION
LOCAL GOVERNMENT I EDENAL GREDIT GNICK
<u>www.lgfcu.org</u>
The Local Government Federal Credit Union is a not-for-profit cooperative providing financial services such as:
Share Savings and Share Draft Accounts, Visa Credit Cards, Individual Retirement Accounts, Money Market Savings, Loan Services, Payroll Deduction for Deposits and Loans, and Certificates of Deposit
Requirement for membership: Membership fee of \$5.00 and a deposit of at least \$25.00 in a share savings account.
CAFETERIA BENEFITS PLAN

The Cafeteria Plan includes an Accident Plan, Cancer Plan, Community Eye Care, Health Care and Dependent Care Reimbursement Accounts, Life Insurance, and Short Term Disability Plan. Enrollment is required within 30 days of employment and annually thereafter during our Open Enrollment. (Arranged and enrolled by Mark III Brokerage).
SICK TIME
Regular full-time employees earn 8 hours of sick time each month.
VACATION TIME
Regular full-time employees earn vacation hours in accordance with the following accrual codes:

ACCRUAL CODE				
YEARS OF AGGREGATE SERVICE				
ACCRUAL HOURS	PER MONTH			
80				
Less than 2 years				
8				
81				
2 years but less than 5 years				
9				
82				
5 years but less than 10 years	3			

11		
83		
10 years but less than 15 years		
13		
84		
15 years but less than 20 years		
15		
86		
20 years or more		
17		

## **HOLIDAY PAY**

Regular full-time employees receive 11 to 12 paid holidays each year.

SERVICE PAY

In recognition of long term service, the County provides longevity pay to regular full-time employees. This pay is subject to annual approval by the Board of Commissioners during the adoption of the budget. Annual service pay amounts are based on the length of continuous service with Moore County and the employee's performance evaluation score. If funded, Service Pay amounts are computed as follows:

PERFORMAN	CE EVALUATION	LENGTH OF CON	TINUOUS MOORE CO	UN
Range	Score	10 but less tha	an 155y <b>lear s</b> ess than 20	уе 20
Proficient	200 – 299	\$0.00	\$0.00	\$0
<i>Commendabl</i> e	300 – 399	<i>\$500</i>	\$1,000	\$1
Exceptional	400+	\$1,000	\$1,500	\$2